

Professional Estimate

Template provided as a courtesy by Smith.ai

Business Identity

Company Logo (Optional)

Business Name *

Your Business Name

Service Tagline (Optional)

Your trusted partner for...

License/Registration # (Optional)

License/Reg #

Email *

email@domain.com

Primary Phone *

(XXX) XXX-XXXX

Street Address (Optional)

Street address

City, State ZIP (Optional)

City, State ZIP

Estimate Tracking

Estimate Number

EST-2024-0001

Creation Date

dd.mm.yyyy



Validity Window

Valid for 30 days

Revision Marker

Original / Revision #

Prepared By *

Prepared by

Client Information

Client/Company Name *

Client Main Contact (Optional)

Client Phone *

Client Email (Optional)

Reference/PO# (Optional)

Service Location

Street Address (Optional)

City (Optional)

State (Optional)

ZIP Code (Optional)

☐ Same as client address

Scope of Work

Project/Service Name *

Project/Service name

Detailed Description *

Detailed description of proposed work...

Proposed Start Date (Optional)

Proposed start date

Duration/End Date (Optional)

Duration or end date

Urgency Indicator

☐ Standard Timeline

☐ Priority Service

☐ Rush Delivery

☐ Emergency Response

Value Breakdown

Item #	Description	Quantity	Unit Rate	Amount
1	Item description	Qty	Rate	Amount
2	Item description	Qty	Rate	Amount
3	Item description	Qty	Rate	Amount
4	Item description	Qty	Rate	Amount
5	Item description	Qty	Rate	Amount
Subtotal:				0.00

Additional Notes

Additional notes about items above

Payment Terms

Payment Structure

- ☐ Due on completion ☐ Net 15 days
☐ Net 30 days ☐ 50% deposit required
☐ Other:

Specify other payment structure

Accepted Payment Methods

- ☐ Check ☐ Credit Card
☐ ACH Transfer ☐ Cash
☐ Digital Wallet ☐ Other:

Specify other payment method

Deposit Required (Optional)

0.00

Special Terms & Conditions

Additional payment terms or conditions



Terms & Conditions

This Estimate Includes:

List services included in this estimate



This Estimate Does Not Include:

List services not included in this estimate



Policy for Changes to Scope:

Describe change order process



Validity Statement: This estimate is valid for the period stated above. Prices subject to change after expiration.

Additional Conditions (Optional)

Warranty, liability, and other terms



Acceptance

By signing below, client accepts this estimate and authorizes commencement of work under stated terms.

Client Name (Print) *

Date *

dd.mm.yyyy



Title/Role (Optional)

Client Signature *

Signature

Company Representative *

Date *

dd.mm.yyyy



Authorized Signature *

Signature

Important: This estimate is valid for the period stated above. Prices subject to change after expiration. All services are provided according to the terms outlined in this document.

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